

54. *Cases of Placenta Prævia.* By THOMAS RADFORD, M. D.—We continue from our last number, page 279, these cases.

CASE XXIV.—November 29, 1819. I was desired by Mrs. Blakeley to visit a hospital patient residing in Shudehill, who was flooding. I found her in labour of her sixth child. The pains were strong and forcing; and the hemorrhage, which had existed only slightly for several hours, had now become very profuse. She was pale, and her pulse was frequent and feeble. The os uteri was dilated rather more than the size of a crown-piece: it was soft and dilatable. The placenta (which must have been centrally fixed here) was felt occupying, and, as it were, protruding through the uterine orifice. The head of the child was felt above. The flow of blood was at this time very alarming.

Having had a bandage and compress applied, I passed my hand, and, as quickly as possible, *completely detached* the placenta, and afterwards ruptured the membranes. The bleeding immediately ceased. The pains continued very effective, so that the head rapidly descended, pushing before it the placenta, and in about an hour and a half the child was (still) born. The bandage was tightened, and a drachm of tincture of opium administered. There was no further discharge, and she recovered without the least interruption.

*Remarks.*—The effectual and immediate suppression of the hemorrhage *after the complete detachment* of the placenta was decidedly demonstrated in this case. Although I had recourse to this plan from (what I have chosen to call) necessity, still the important fact was conspicuously clear to my mind.

CASE XXV.—May 20, 1820. I was called by Mrs. Bradley, Sen., to visit a hospital patient residing in Back Bridge Street, who had flooded. I found her very low and faint, from the great loss of blood which had taken place. She was very pallid; her pulse was very frequent and weak. The placenta had been brought away an hour before I arrived. There was now scarcely any discharge; a bandage was placed on, and tightened as required. Some brandy and water was administered. The pains continued to force down the child, and in about an hour it was born dead. A compress was placed on, and the bandage tightened and fixed. There was not more than an ordinary discharge. A drachm and a half of tincture of opium was administered.

*Remarks.*—The midwife stated that she found a very large portion of the placenta hanging down into the vagina, and therefore, as she thought it would impede the descent of the head of the child, she drew it (the placenta) away. This case is, however, an additional evidence of the cessation of bleeding after the complete detachment of the placenta.

CASE XXVI.—March 26, 1821. Mrs. Capper desired me to visit a hospital patient residing in Hulme, who was in labour, and had flooding. She was very low, from the large discharge which had taken place. She was in the ninth month of her third pregnancy. During the seventh and eighth months, slight hemorrhage happened; but at both these periods it was readily arrested by rest and cold external applications. When her labour first commenced, the discharge was very trifling, and continued so for a long time, during which the pains were frequent and feeble; but as they became stronger the discharge increased. The midwife stated that she found the placenta protruding through the os uteri into the vagina; and, as the pains were strong, she unhesitatingly drew away this organ, which she considered was loose; but, on strict inquiry, I found she had used more force than would have been required if it had been completely separated. The hemorrhage had now (three hours after the extraction of the placenta) ceased. The pains had entirely subsided. I found the os uteri dilated, and the head of the child presenting. Some brandy and water was ordered, a drachm and a half of tincture of opium given, and a bandage applied. I decided to immediately deliver her by means of the long forceps, which was easily accomplished. There was no further flooding; and although the woman was considerably reduced, she was quite as well as could possibly be expected. Some brandy in gruel, and a drachm of tincture of opium, were ordered.

On the day following, she was not quite so well; she felt some uneasiness in the belly, but still not amounting to pain; the lochia were less in quantity than usual; and she was restless. A draught with pulv. ipecac. co. gr. xij was pre-

scribed, and an anodyne stimulant liniment and hot poultices were ordered to be applied to the belly. During the night she had a severe shivering, which was succeeded by heat and thirst. Pain in the abdomen, increased on pressure, now came on, and which extended downwards to the left groin; she felt a stiffness in the thigh and leg of that side. Salines, doses of Dover's powder, and suitable aperients, were administered. Leeches, turpentine, hot poultices, and a large blister, were successively applied to the belly. Notwithstanding all these means were carefully carried out, she died. A *post-mortem* examination could not be obtained.

*Remarks.*—This case affords another example of the arrest of bleeding by the entire separation of the placenta, and also of phlebitis, which is not an unfrequent contingent on cases of placenta prævia. The delivery was readily and safely completed by the long forceps; but the operation was unnecessarily performed, as the flooding had ceased. Saving of time (a most unjustifiable motive), and unwillingness to leave the woman undelivered, induced me to adopt this measure. If such a case happened to me now, galvanism would be the means I should employ.

Cases XXVII., XXVIII., XXIX.—Three other cases, in which the placenta had been forcibly extracted by midwives, have occurred within my observation; they are briefly cited in the *Lancet*. In all of these the hemorrhage ceased.

Case XXX.—The following memoranda were given to me by my esteemed friend and neighbour, Mr. Barton:—

"An athletic woman, the wife of a labourer, residing at Didsbury, having had several children, and falling in labour, was disappointed of the surgeon, and sent for the village midwife.

"I was informed that the labour proceeded naturally, and at 4 o'clock a full-grown child was born dead. A second child presented with the arm. The midwife attempted to deliver this child by forcibly pulling at the presenting arm. About 8 o'clock, four hours after the delivery of the first child, I saw her; the pains were incessant and excruciating; it was at this time impossible to pass the finger beyond the shoulder, and every moment I expected a rupture of the uterus. I bled the woman until she fainted. During this interval, I turned and delivered the child.

"There had been little or no hemorrhage after the delivery of the first child. The second was also dead; and, looking for the funis, it appeared to have been torn from the umbilicus of this child in dragging away the placenta, to which two cords were attached after the birth of the first. The woman recovered without any troublesome symptoms. Both children were full grown."

*Remarks.*—Although the foregoing statement does not belong to a case of placenta prævia, yet I thought it would be interesting, as the result showed the great conservative normal power against such mischievous practice; more especially in the prevention of hemorrhage after the extraction of the double placenta, immediately after the birth of one twin, whilst the other remained in the uterus. The malpractice of this ignorant woman is one amongst numerous instances, which loudly call for legislative enactment, to secure the poorer part of the community against these horrible murders.

I am indebted to my nephew and colleague, Mr. Henry Winterbottom, for the following four cases. They are cited in his words:—

"Case XXXI.—On the 14th day of March, 1850, I was summoned by Mrs. Mather, midwife, to visit a poor woman residing in a court out of Deansgate, who was stated to be in labour of her first child. Upon my arrival at the house, immediately afterwards, I found her almost *in articulo mortis*, apparently from hemorrhage (as she had the appearance of being thoroughly drained), which I ascertained had been going on for some time; and, upon making an examination, I found the placenta centrally situated over the os uteri, which was considerably dilated and dilatable. In consequence of her extreme state of exhaustion, the uterine action had entirely ceased, and her dissolution seemed rapidly approaching. Not wishing her to die undelivered, which event seemed inevitable unless this operation was instantly performed, and not having time to obtain the necessary apparatus for applying galvanism, which would have been peculiarly applicable in this case, I at once administered the only stimulant

which I had at hand—viz: brandy—in order to raise the vital powers a little, if possible, so that she might not die under the operation. I then introduced my hand into the vagina, ruptured the membranes, and turned the child by bringing down one foot; its extraction was speedily accomplished, as well as that of the placenta. The child was, of course, dead. She never rallied, but sank in about two hours afterwards.

"After very mature consideration, I feel convinced it would have been better if I had not acted upon the received dogma, 'not to allow a woman to die undelivered;' for, although the exhaustion from the flooding was very great, I have no doubt that this unfavourable condition was increased by the operation. The plan I should adopt, if a precisely similar case again occurred, would be, in the first place, to send a messenger for the galvanic apparatus, as by so doing I should not be prevented from adopting other required measures in the mean time. After having duly and effectually applied a bandage, and placed a compress under it, I should completely detach the placenta, and endeavour, by every means in my power, to raise and support the vital powers; and, as soon as the galvanic apparatus arrived, I should have currents carried through the different axes of the uterus, with the object of exciting that organ, as well as acting as a general stimulant.

"CASE XXXII.—During the night of the 11th of December, 1851, I was requested to visit a lady, a private patient, who was stated to be at the end of pregnancy, and flooding. Upon my arrival, I found very profuse hemorrhage; she had no pains; the os uteri was closed. I therefore effectually plugged the vagina; I also ordered perfect rest in the horizontal position, with an acid mixture, the free admission of air, and cool drinks. On the following morning I was again desired to see her, and found that uterine pains had set in (probably excited by the sponges used as plugs, which I had introduced, and forcibly placed against the os uteri). I at once removed them, and found the os uteri partially dilated, and the placenta centrally situated over it. Feeling a degree of anxiety about the case, I sent for my friend and partner, Mr. Clayton, who kindly gave his immediate attendance; and, as the case was very urgent, we agreed at once to detach the placenta entirely. I proceeded to do this, and the hemorrhage, which had up to this time been very considerable, immediately ceased. We afterwards administered a couple of doses of *secale cornutum* at intervals of about a quarter of an hour; and as she seemed faintish from her loss, we gave a little brandy and water. After waiting for a recurrence of the pains (which had entirely ceased) for about two hours, and as she seemed much rallied, we deemed it better to deliver her without further delay. I therefore passed my hand, and withdrew the placenta, and afterwards carried it into the uterus, and brought down one foot. The extraction was soon accomplished, and she recovered without a bad symptom. The child was dead.

"In reviewing this case (although the woman's life was spared), I must acknowledge that I should not again have recourse immediately to artificial delivery, but should rather wait and endeavour to rouse the energies of the uterus by the application of galvanism, etc. The *secale cornutum* failed to produce any effect. After the complete detachment of the placenta, the flooding immediately ceased, and therefore there could be no necessity for turning and extracting the child.

"CASE XXXIII.—In the early part of September, 1853, I was requested to visit a female residing in Salford, who had previously bespoken my services to attend her in confinement. Upon my arrival at the house, I found her suffering from uterine hemorrhage, which she stated had occurred at intervals for several days. As she did not appear to be much affected from her loss, I merely enjoined perfect rest in bed, and ordered her to take an acid mixture and cool beverages, and to avoid everything stimulating. On the following morning, upon my calling to see her, I found her complaining of slight pains, which she stated she had felt several hours. The discharge continued, and was increased on the recurrence of each pain. Upon making an examination, I found the os uteri about half dilated, soft and dilatable, and the placenta situated over it. As the hemorrhage was profuse, I considered further delay would place my patient in a worse position. I therefore concluded to completely detach the

placenta; and, in doing so, I ruptured the membranes. The hemorrhage entirely ceased, and did not again recur. I then administered about half a drachm of the *seca's* cornutum, and a little cold brandy and water. The pains continuing with increased severity, the placenta was first expelled, and the child's head immediately descended; and in about an hour from the time of the detachment it (the child) was stillborn. She continued to do very well for several days; but afterwards she had an attack of phlebitis in the leg and thigh, which considerably retarded her convalescence.

"This appears another example of the complete suppression of hemorrhage by the entire detachment of the placenta. Fortunately, the vital powers were not so entirely lowered in this case as in the one before cited, and therefore I considered it warrantable to give the *seca's* cornutum, which had the effect of rousing the uterus to more active contraction, by which first the placenta, and afterwards the child, were expelled.

"*CASE XXXIV.*—On the 23d of January, in the present year, I was requested to visit Mrs. M., who had engaged my services to attend her in confinement, and whom I had twice previously attended. I found her suffering from uterine hemorrhage, which she stated had first made its appearance that morning, and which she attributed to having walked a long distance the day before. I was told she had lost a considerable quantity of blood, but it had much abated on my arrival. As there was no symptom of labour present, I ordered her an acid mixture, with cool drinks and perfect rest in bed, as well as the application of a good firm binder. I continued to see her at intervals, until the 9th of February. During the whole of that time the hemorrhage occurred to a greater or less extent. On the evening of the latter day I was again sent for, when I found that labour had commenced. The os uteri was very much dilated, and the placenta was partially placed over it. The child's head presented. As the hemorrhage still continued, I at once ruptured the membranes, and gave a full dose of ergot, after which the pains became more frequent and stronger. The hemorrhage was now completely arrested. In a very short time the head of the child descended, and passed by (pushing aside) the placenta; and in about an hour the child was expelled by the natural efforts. The infant, a female, was apparently stillborn; but after a very long continued use of artificial respiration, strong mustard baths, and a large mustard plaster over the whole of the chest, slight symptoms of animation showed themselves, at first only by a few gasps, but afterwards perfect respiration was established. My patient continued to do well for a few days, but afterwards she had an attack of phlegmasia dolens, under which she is now suffering.

"After rupturing the membranes, the hemorrhage entirely ceased; and it was very fortunate that the uterus acted so immediately and powerfully after the administration of the ergot; for if the birth had been longer delayed, most likely the child would have been lost.

"We have here another example of phlebitis contingent on placenta prævia."

55. *Cases Illustrating Different Methods of Treating Placenta Prævia.* By HENRY OLDHAM, Obstetric Physician and Lecturer on Midwifery, &c., at Guy's Hospital.—The following cases are selected from those which have occurred to me in practice, to illustrate the principal methods of managing placenta prævia, under different circumstances:—

*Case 1.*—*Placenta Prævia; Labour terminated by natural efforts, the Placenta being detached, and passing down with the head into the Vagina; Recovery.*—In August, 1847, I saw a poor woman, residing in Spitalfields, and engaged in the market, who was suddenly seized with hemorrhage between the seventh and eighth month of her fifth pregnancy, which subsided spontaneously. In eleven days after it had ceased, it again came on profusely, and was followed by a coloured discharge; notwithstanding which, she had gone out as usual. Labour came on about a fortnight short of term, with a large loss of blood; and the assistant of a neighbouring medical man saw her, but left her after ordering some medicine, without examining her. The bleeding returned; and, in alarm, I was asked to see her. She had evidently lost a large quantity of blood, and was in a very feeble state; but there had been some faint labour pains. On